

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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APR 18 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

| I. Name of Lobbyist(s) Debra | Vanderbeek, Robert (| Clegg, Periklis Karoutas, Lo | eann Moccia |
|--|------------------------------|---|---------------------------|
| II. Name of lobbyist's partnership, firm | or corporation, if any | : | |
| Legislative Solutions, L | .L.C. | | |
| (Name of partnership, firm | or corporation) | | |
| P.O. Box 10724 | Bedford | NH | 03110 |
| Business Address: (Street) | (Town/City) | (State) | (Zip Code) |
| () 603-986-9145 (|) | _{e-mail} dbeek@a | ol.com |
| (Telephone) | (Fax) | | |
| III. This statement covers: (Choose one reportable expense transactions which | | | ay file a separate repor |
| ☐ All reportable transactions occurring | in the months prior to the | reporting date relative to the | ne following client: |
| Injured Worker | | | |
| (Full Name of Clien | nt as it appears on the Lobb | yist Registration Form) | |
| ☐ All reportable transactions by the lobb unrelated to any particular client. | yist (including the lobby | ist's family), or the lobbying | g firm listed below which |
| IV. Date of Report April 26, 2017 Reports cover: activity from date of regis | | July 26, 2017 activity from 4/1/17 to 6/30/17 | • |
| October 25, 201 activity from 7/1/17 to | | January 31, 2018 <i>activity from 10/1/17 to 12/31.</i> | /17 |
| V. There have been no fees received If this box is checked, complete just this for Concord, NH 03301. | | | |
| VI. Check if additional reports are atta | ched: | | |
| 🖄 If you have received fees or made ex | | | |
| ☐ If you have paid an honorarium or re Expense Reimbursement | imbursed expenses, you | must file Addendum B – Re | port of Honorariums or |
| ☐ If you, your firm, or your family has | made political contributi | ons, you must file Addendu | ım C– Political Contribu |
| Sworn Statement/Affirmation by Lobb I have read RSA 15, RSA 15-B, RSA 14-and complete to the bost of my knowledg (Signature of lobbyist) | C and RSA 664 and here | eby swear or affirm that the | |
| Debra Vanderbeek | | | |
| (Print Name of lobbyist) | | | |

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)



| I. Name of Lobbyist(s) Debra Vanderbeek, Robert Clegg, Periklis Karout | as, Leann Moccia |
|---|--|
| II. Name of lobbyist's partnership, firm or corporation, if any: | |
| Legislative Solutions, L.L.C. | |
| (Name of partnership, firm or corporation) | |
| III. Name of Client Injured Workers' Pharmacy | Date April 18, 2017 |
| IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses: | relations, or public relations service |
| a) Total of all fees received in this reporting period | a) \$ <u>7500.00</u> |
| b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year). | b) \$ <u>0</u> |
| c) Total of all fees received to date (Add lines a and b) | c) \$ 7500.00 |
| d) Indicate the amount of any such fees that are due, but have not yet been paid | d) \$ <u>0</u> |
| V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to rep fees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of the Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported. | elient and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses pai epenses; (b) the aggregate total of all e: meals purchased during a busines as than \$10 that is given to the person d with a value of \$25.00 or less); and rting period of greater than \$25.00 for the of greater than \$25, purchase of or than \$25, but not greater than \$50 expense reimbursement, or political |
| a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. b) Total aggregate of expenditures during this reporting period, not reported. | a) \$ 7500.00 |
| b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less. | b) \$ <u>0</u> |
| c) Total of all itemized expenditures reported in detail in section VI. | c) \$ 0 |

| d) Total expenses for this reporting period (Add lines a, b and c) | d) \$ 7500.00 |
|--|------------------------------------|
| e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) | e) \$ <u>0</u> |
| f) Total of all expenses year to date | f) \$ 7500.00 |
| VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading by whom paid or to whom charged. | obbying fees during this reporting |
| Paid to: | Amount: |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | |
| | |
| | |
| Sworn Statement/Affirmation by Lobbyist | |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm | n that the foregoing information |
| is true and complete to the best of my knowledge and belief. | |
| Ala/C | April 18, 2017 |
| (Signature of lobbyist) | (Date) |
| Debra Vanderbeek | |
| (Print Name of lobbyist) | |

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

| Sworn | Stater | nent/Aff | ĭrma | ation | by I | Lobbyist |
|--------|--------|----------|------|-------|------|----------|
| Statem | ent of | Income | and | Expe | nses | s for: |

| Name of Lobbying partnership, firm, or corporation: | Legislative Solutions |
|--|--|
| Name of Client (leave blank if Statement is for the pa | artnership, firm, or corporation and not related to any |
| particular client): In wild Work | Clas' Pharmacy |
| O = | , |
| Date of Report (check one): | |
| April 26, 2017 Duly 26, 2017 Octo | ber 25, 2017 □ January 31, 2018 □ |
| I have read RSA 15, RSA 15-B, RSA 664, the State the following Addendums submitted with that State submitted): | |
| Addendum A(s). | |
| Addendum B(s). | |
| Addendum C(s). | |
| I hereby swear or affirm that the foregoing informatic complete to the best of my knowledge and belief. (Signature of lobbyist) Robert Clegg | on on the Statement and each Addendum is true and April 18, 2017 (Date) |
| (Print Name of Johnvist) | |

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Periklis Karoutas

(Print Name of lobbyist)

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for: Name of Lobbying partnership, firm, or corporation: **Legislative Solutions** Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any Inxined Werkens Harman Date of Report (check one): April 26, 2017 July 26, 2017 □ October 25, 2017 January 31, 2018 □ I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): _ Addendum A(s). Addendum B(s). Addendum C(s). I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. Adm/ 18, 2017 (Signature of lobbyist)

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Leann Moccia

(Print Name of lobbyist)

| Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for: |
|---|
| Name of Lobbying partnership, firm, or corporation: Legislative Solutions |
| Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): |
| Date of Report (check one): |
| April 26, 2017 ☑ July 26, 2017 □ October 25, 2017 □ January 31, 2018 □ |
| I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): |
| Addendum A(s). |
| Addendum B(s). |
| Addendum C(s). |
| |
| I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. |

Date) 18, 2017